
26. Personal care services. (continued)

- f) documentation by the ~~personal care assistant~~ qualified professional of telephone calls or other discussions with the ~~supervisory nurse~~ personal care assistant regarding services being provided to the recipient; and
- f)g) daily documentation of the shared ~~care~~ services provided by each identified personal care assistant including:
 - 1) the names of each recipient receiving share care services together;
 - 2) the setting for the ~~day's care~~ shared services, including the starting and ending times that the recipient received shared care services; and
 - 3) notes by the personal care assistant regarding changes in the recipient's condition, problems that may arise from the sharing of care services, scheduling issues, care issues, and other notes as required by the ~~supervising nurse~~ qualified professional.

In order to receive shared care services:

- a) the recipient or responsible party, in conjunction with the county public health nurse, must determine:
 - 1) whether shared care services is an appropriate option based on the individual needs and preferences of the recipient; and
 - 2) the amount of shared care services allocated as part of the overall authorization of personal care services;
- b) the recipient or responsible party, in conjunction with the supervising registered nurse qualified professional, must approve arrange the setting, and grouping, and

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26. Personal care services. (continued)

~~arrangement~~ of shared ~~care~~ services based on the individual needs and preferences of the recipients;

- c) the recipient or responsible party, and the supervising ~~nurse~~ qualified professional, must consider and document in the recipient's ~~care plan~~ health service record:
 - 1) the additional qualifications needed by the personal care assistant to provide care to several recipients in the same setting;
 - 2) the additional training and supervision needed by the personal care assistant to ensure that the needs of the recipient are appropriately and safely met. The provider must provide on-site supervision by a ~~registered nurse~~ qualified professional within the first 14 days of shared ~~care~~ services, and monthly thereafter;
 - 3) the setting in which the shared ~~care~~ services will be provided;
 - 4) the ongoing monitoring and evaluation of the effectiveness and appropriateness of the service and process used to make changes in service or setting; and
 - 5) a contingency plan which accounts for absence of the recipient in a shared ~~care~~ services setting due to illness or other circumstances and staffing contingencies.
- The following personal care services are covered under medical assistance as personal care services:
 - a) bowel and bladder care;
 - b) skin care to maintain the health of the skin;

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26. Personal care services. (continued)

- c) repetitive range of motion, muscle strengthening exercises, and other tasks specific to maintaining a recipient's optimal level of function;
- d) respiratory assistance;
- e) transfers and ambulation;
- f) bathing, grooming, and hair washing necessary for personal hygiene;
- g) turning and positioning;
- h) assistance with furnishing medication that is self-administered;
- i) application and maintenance of prosthetics and orthotics;
- j) cleaning medical equipment;
- k) dressing or undressing;
- l) assistance with eating, meal preparation and necessary grocery shopping;
- m) accompanying a recipient to obtain medical diagnosis or treatment;
- n) effective July 1, 1996, assisting, monitoring, or prompting the recipient to complete the services in items (a) to (m);
- o) effective July 1, 1996, redirection, monitoring, and observation that are medically necessary and an integral part of completing the personal care described in items (a) to (n);
- p) effective July 1, 1996, redirection and intervention for behavior, including observation and monitoring;

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26. Personal care services. (continued)

- q) effective July 1, 1996, interventions for seizure disorders, including monitoring and observation if the recipient has had a seizure that requires intervention within the past three months;
- r) effective July 1, 1998, tracheostomy suctioning using a clean procedure if the procedure is properly delegated by a registered nurse. Before this procedure may be delegated to a personal care assistant, a registered nurse must determine that the tracheostomy suctioning can be accomplished utilizing a clean, rather than a sterile procedure, and must ensure that the personal care assistant has been taught the proper procedure. A clean procedure is defined as a technique reducing the numbers of microorganisms, or prevents or reduces the transmission of microorganisms from one recipient or place to another. It may be used beginning 14 days after insertion; and
- s) incidental household services that are an integral part of a personal care service described in items a) to r).
 - The above limitations do not apply to medically necessary personal care services under EPSDT.
- The following services are not covered under medical assistance as personal care services:
 - a) a health service provided and billed by a provider who is not an enrolled personal care provider;
 - b) personal care service that is provided by a person who is the recipient's spouse, legal guardian for an adult or child recipient, parent of a recipient under age 18, or the recipient's responsible party;

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26. Personal care services. (continued)

- c) effective July 1, 1996, services provided by a foster care provider of a recipient who cannot direct his or her own care, unless a county or state case manager visits the recipient as needed, but not less than every six months, to monitor the health and safety of the recipient and to ensure the goals of the care plan are met;
- d) services provided by the residential or program license holder in a residence for more than four persons;
- e) services that are the responsibility of a residential or program license holder under the terms of a service agreement and administrative rules;
- f) sterile procedures;
- g) giving of injections of fluids into veins, muscles, or skin;
- h) homemaker services that are not an integral part of a personal care service;
- i) home maintenance or chore services;
- j) personal care services that are the responsibility of the foster care provider;
- k) personal care services when the number of foster care residents is greater than four;
- l) personal care services when combined with home health services, private duty nursing services, and foster care payments that exceed the total amount that public funds would pay for the recipient's care in a medical institution. This is a utilization control limitation conducted on a case-by-case basis in order to provide the recipient with the most cost-effective, medically appropriate services;

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26. Personal care services. (continued)

- m) services not specified as covered under medical assistance as personal care services;
- n) effective January 1, 1996, assessments by personal care provider organizations or by independently enrolled registered nurses;
- o) effective July 1, 1996, services when the responsible party is an employee of, or under contract with, or has any direct or indirect financial relationship with the personal care provider or personal care assistant, unless case management is provided (applies to foster care settings);
- p) effective January 1, 1996, personal care services that are not in the service plan;
- q) home care services to a recipient who is eligible for Medicare covered home care services (including hospice), if elected by the recipient, or any other insurance held by the recipient;
- r) services to other members of the recipient's household;
- s) any home care service included in the daily rate of the community-based residential facility where the recipient resides;
- t) personal care services that are not ordered by the physician; or
- u) services not authorized by the commissioner or the commissioner's designee.

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27. Program of All-Inclusive Care for the Elderly (PACE)
services, as described and limited in Supplement 5 to this
Attachment.

- Not provided.

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SUPPLEMENTARY NOTES

The following services are not covered under the Medical Assistance program:

1. a health service paid for directly by any other source, including third-party payers and recipients, unless the recipient's eligibility is retroactive and the provider bills the Medical Assistance program for the purpose of repaying the recipient;
2. drugs which are not in the Drug Formulary or which have not received prior authorization;
3. a health service for which the required prior authorization was not obtained;
4. autopsies;
5. missed or canceled appointments;
6. telephone calls or other communications that were not face-to-face between the provider and the recipient;
7. reports required solely for insurance or legal purposes unless requested by the local agency or the Department;
8. an average procedure including cash penalties from recipients, unless provided according to state rules;
9. a health service that does not comply with Minnesota Rules, parts 9505.0170 to 9505.0475
10. separate charges for the preparation of bills;
11. separate charges for mileage for purposes other than medical transportation of a recipient;
12. a health service that is not provided directly to the recipient, unless the service is a covered service;

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13. concurrent care by more than one provider of the same type of provider or health service specialty, for the same diagnosis, without an appropriate medical referral detailing the medical necessity of the concurrent care, if the provider has reason to know concurrent care s being provided. In this event, the Department shall pay the first submitted claim;
14. a health service, other than an emergency health service, provided to a recipient without the knowledge and consent of the recipient or the recipient's legal guardian, or a health service provided without a physician's order when the order is required by state rules, or a health service that is not in the recipient's plan of care;
15. a health service that is not documented in the recipient's health care record or medical record as required by state rules;
16. a health service other than an emergency health service provided to a recipient in a long-term care facility and which is not in the recipient's plan of care or which has not been ordered, in writing, by a physician when an order is required;
17. an abortion that does not comply with 42 CFR §§441.200 to 441.208 or Minnesota Statutes, §256B.0625, subdivision 16;
18. a health service that is of a lower standard of quality than the prevailing community standard of the provider's professional peers. In this event, the provider of service of a lower standard of quality is responsible for bearing the cost of the service;
19. a health service that is only for a vocational purpose or an educational purpose that is not related to a health service;